



State of Ohio Environmental Protection Agency

Northwest District Office  
1035 Devlac Grove Drive  
Bowling Green, Ohio 43402-4598  
(419) 352-8461

Richard F. Celeste  
Governor

Re: Richland County  
Mansfield Products  
Division of White Westinghouse Corp.  
Compliance Evaluation Inspection

December 2, 1986

Mr. F.A. Ade, Manager  
Manufacturing Services  
Mansfield Products Company  
Division of White Westinghouse Corp.  
246 East Fourth Street  
Mansfield, OH 44902

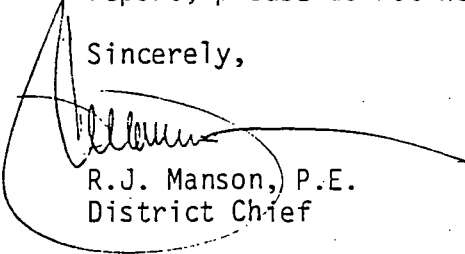
Dear Mr. Ade:

A compliance evaluation inspection of the wastewater treatment facilities serving your company was conducted by an Ohio EPA representative on November 7, 1986. Attached for your information is a copy of our report.

Review of your monthly operating report data revealed compliance with your NPDES permit. Your renewed NPDES permit became effective September 30, 1986. Please review this new permit very carefully as there are considerable changes from your previous permit.

In conclusion, we would like to thank you for the cooperation your company has extended to our people. Should you have any questions or comments regarding this report, please do not hesitate to contact this office.

Sincerely,



R.J. Manson, P.E.  
District Chief

PGB/RJM/eb

Enclosure

cc: Robert Phelps, Manager, IWPC, CO  
Region V, USEPA  
File

US EPA RECORDS CENTER REGION 5



453362



United States Environmental Protection Agency  
Washington, D. C. 20460

# NPDES Compliance Inspection Report

Form Approved  
OMB No. 2040-0003  
Approval Expires 7-31-85

## Section A: National Data System Coding

Transaction Code	NPOES	yr/mo/day	Inspection Type	Inspector	Fac Type
1N 25	30H0000460011	12/6/11/07/17	18C	19S	202
Remarks					
01EPIA1#2IIC000003*ICID					
21					
Reserved	Facility Evaluation Rating	BI	QA	Reserved	
67	69	704	71N	72N	73 74 75 80

## Section B: Facility Data

Name and Location of Facility Inspected	Entry Time <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	Permit Effective Date
Mansfield Products Company, White Westinghouse Corp.	10:00	9/30/86
246 East Fourth Street	Exit Time/Date	Permit Expiration Date
Mansfield, OH 44902	12:30 11/7/86	9/27/88
Name(s) of On-Site Representative(s)	Title(s)	Phone No(s)
Mr. W. A. Wood	Supervisor Facilities Engineering	(419) 755-6011
Name, Address of Responsible Official	Title	
Mr. F. A. Ade	Manager Manufacturing Services	
	Phone No.	Contacted <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	(419) 755-6011	

## Section C: Areas Evaluated During Inspection

(S = Satisfactory, M = Marginal, U = Unsatisfactory, N = Not Evaluated)

S	Permit	S	Flow Measurement	N/A	Pretreatment	S	Operations & Maintenance
S	Records/Reports	N/A	Laboratory	N/A	Compliance Schedules	S	Sludge Disposal
S	Facility Site Review	S	Effluent/Receiving Waters	S	Self-Monitoring Program		Other:

## Section D: Summary of Findings/Comments (Attach additional sheets if necessary)

Name(s) and Signature(s) of Inspector(s)	Agency/Office/Telephone	Date
Paul G. Brock, P.E.	OEPA/NWDO/(419) 352-8461	12-4-86
Signature of Reviewer	Agency/Office	Date
Allen L. Rupp, P.E.	OEPA/NWDO/(419) 352-8461	12/2/86
Regulatory Office Use Only		
Action Taken	Date	Compliance Status
		<input type="checkbox"/> Noncompliance
		<input type="checkbox"/> Compliance

Sections E thru I : Complete on all inspections, as appropriate. N/A - Not Applicable		Permit No. 0H0004600
<b>SECTION E. Permit Verification</b>		
INSPECTION OBSERVATIONS VERIFY THE PERMIT. (Further explanation attached <u>    </u> )		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(a) CORRECT NAME AND MAILING ADDRESS OF PERMITTEE.		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(b) FACILITY IS AS DESCRIBED IN PERMIT.		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(c) PRINCIPAL PRODUCT(S) AND PRODUCTION RATES CONFORM WITH THOSE SET FORTH IN PERMIT APPLICATION.		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
(d) TREATMENT PROCESSES ARE AS DESCRIBED IN PERMIT APPLICATION.		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(e) NOTIFICATION GIVEN TO STATE OF NEW, DIFFERENT OR INCREASED DISCHARGES.		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
(f) ACCURATE RECORDS OF INFLUENT VOLUME MAINTAINED.		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
(g) NUMBER AND LOCATION OF DISCHARGE POINTS ARE AS DESCRIBED IN PERMIT.		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(h) CORRECT NAME AND LOCATION OF RECEIVING WATERS.		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(i) ALL DISCHARGES ARE PERMITTED.		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>SECTION F. Operation and Maintenance</b>		
TREATMENT FACILITY PROPERLY OPERATED AND MAINTAINED. (Further explanation attached <u>    </u> )		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
DETAILS:		
(a) STANDBY POWER OR OTHER EQUIVALENT PROVISIONS PROVIDED.		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
(b) ADEQUATE ALARM SYSTEM FOR POWER OR EQUIPMENT FAILURES AVAILABLE.		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
(c) SLUDGES AND SOLIDS ADEQUATELY DISPOSED (Further explanation attached <u>Richland</u> )	County	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
(d) ALL TREATMENT UNITS OTHER THAN BACKUP UNITS IN SERVICE.	Landfill	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
(e) QUALIFIED OPERATING STAFF PROVIDED.		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(f) FILES MAINTAINED ON SPARE PARTS INVENTORY, MAJOR EQUIPMENT SPECIFICATIONS, AND PARTS AND EQUIPMENT SUPPLIERS.		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
(g) ROUTINE AND PREVENTIVE MAINTENANCE ARE SCHEDULED/PERFORMED ON TIME.		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
(h) ANY MAJOR EQUIPMENT BREAKDOWN SINCE LAST INSPECTION. Transfer pumps for		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
(i) OPERATION AND MAINTENANCE MANUAL PROVIDED AND MAINTAINED. clarifer.		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
(j) APPROVED SPCC PLAN AVAILABLE. DATE LAST UPDATED <u>84</u>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
(k) REGULATORY AGENCY NOTIFIED OF BYPASSING. [Dates <u>          </u> ]		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
(l) ANY BYPASSING SINCE LAST INSPECTION.		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
(m) ANY HYDRAULIC AND/OR ORGANIC OVERLOADS EXPERIENCED. (Further explanation attached <u>    </u> )		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>SECTION G. Compliance Schedules</b>		
PERMITTEE IS MEETING COMPLIANCE SCHEDULE: (Further explanation attached <u>    </u> )		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
COMMENTS/STATUS:		
<b>SECTION H - Self-Monitoring Program</b>		
Part I - Flow measurement (Further explanation attached <u>    </u> )		
PERMITTEE FLOW MEASUREMENT MEETS THE REQUIREMENTS OF THE PERMIT.		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(a) PRIMARY MEASURING DEVICE PROPERLY INSTALLED.		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
TYPE OF DEVICE: <input type="checkbox"/> WEIR <input checked="" type="checkbox"/> PARSHALL FLUME <input type="checkbox"/> MAGNETER <input type="checkbox"/> VENTURI METER <input type="checkbox"/> OTHER (Specify <u>    </u> )		
(b) CALIBRATION FREQUENCY ADEQUATE. (Date of last calibration <u>once per quarter</u> )		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
(c) PRIMARY FLOW MEASURING DEVICE PROPERLY OPERATED AND MAINTAINED. routinely.		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
(d) SECONDARY INSTRUMENTS (totalizers, recorders, etc.) PROPERLY OPERATED AND MAINTAINED		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
(e) FLOW MEASUREMENT EQUIPMENT ADEQUATE TO HANDLE EXPECTED RANGES OF FLOW RATES.		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
(f) FLOW RECORDS ARE PROPERLY KEPT.		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(g) ACTUAL FLOW DISCHARGED IS MEASURED.		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(h) FREQUENCY OF MAINTENANCE INSPECTIONS BY PLANT PERSONNEL.		<u>4</u> /year